

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING MINUTES**

COMMITTEE: Public Awareness

RECORDER: Elissa Provance

DATE: Sept. 18, 2003

COMMITTEE MEMBERS

PRESENT: Elaine Fogel Schneider, Zelna Banks, Kathleen Colvin, Toni Doman, Stephanie Pringle Fox, Cynthia Jaynes, Janet Canning

STAFF: Elissa Provance, WestEd

DDS LIAISONS: Pat Widmann and Rosa King

ABSENT: Michelle Douyon-Davis, Nenita Herrera-Sioco, Thomas McCool, Shirley Stihler,

GUESTS: No guests in attendance.

SUMMARY OF IMPORTANT POINTS AND ACTIONS CONSIDERED

I. Introduction and Opening Comments:

Introductions were made. People gave brief updates on activities since the May meeting.

II. Update on Executive Committee Meeting

Elaine gave an update on the Executive Committee, which met in the morning as part of the new structure. The purpose of the Executive Committee is to guide and coordinate the committees' work, coordinate activities across committees, and follow through on priorities.

Goals were reviewed from the May meeting to determine how they meshed with the ICC's three priorities: strengthening collaboration; increasing awareness; and increasing access to services.

Rick Ingraham identified three DDS priority areas:

1. Interagency collaboration
2. Public awareness outreach and referral
3. Does the service system perform at maximum efficiency?

The Executive Committee requested that each committee develop a work plan based on the following identified common areas among the committees: Early Entry, Transition and IFSP. The methodologies to be used are Outreach to Providers, Outreach to Community and Training and Personnel Development. The committees are to also review each of the common areas in regard to background, barriers, and outcomes. Data and resource needs should also be identified.

III. Early Entry Work Plan

Outcomes:

- Increase number of eligible children and families served.
- Increase number of children identified at earlier age.

Background:

- Current dissemination plans are product specific.
- Focus groups have not been used much.
- Website (interagency, medical) could be used to disseminate information.
- PSAs could run in doctors' waiting rooms.
- An analysis of referral data could help determine outreach efforts.

Barriers:

- No formal dissemination plan at state or local level.
- Dissemination decisions are not based on product evaluation data.
- Relationship building may require "face-to-face" contacts.
- FRCs may not have time or money to hand carry materials to referral sources.
- Collaboration on outreach between FRCs and LEAs is not always integrated.
- Research-based evaluation strategies have not been identified to obtain data points, etc.
- Targeted areas have not been identified consistently.
- Questions being asked at intake may rule out kids before formal evaluation is conducted.
- Parents may not know the "right words" to use to describe child's delays.

Actions:

- Determine how regional center intake workers ask questions and criteria for referring on for evaluation.
- Identify current dissemination plans for Early Start products (Elissa).
- Request DDS to assign staff experienced in conducting evaluation activities to assist the PAC in developing a product evaluation plan (Pat?).

- Resend November 2002 minutes (Elissa).
- Review referral data, i.e., who, age, regional center, and CASEMIS data (Pat? Janet?)
- Ask DDS if PSA can run on the website and be linked to other sites.
- Review matrix of existing products and status of each.

IV. Transition Work Plan:

Outcomes:

- All children and families have the information they need to experience a smooth transition from Part C services.

Background:

- DDS plans to develop a Family IFSP booklet with a section on transition.
- There are many IFSP and Transition materials that have already been developed by regional center and FRCs that could be used as models.
- The Service Coordinator Handbook addresses transition for training Service Coordinators.

Barriers:

- Parents may not have enough information on how transition works to know if their situation follows a timely process.
- LEA delays, not coming to the table soon enough and reduced staff.
- Notices may not be provided in a timely manner.
- Inadequate preparation time for meetings.
- Failure to invite all members.

Actions:

1. Identify SELPAs or districts that are functioning well in the area of transition. (Elaine?)
2. Provide input to development of Transition section of Family IFSP booklet.

V. IFSP Work Plan:

Outcomes:

- All members of the IFSP team are informed and prepared to function as active members of the team.

Background:

- The Early Start website could be a source of information for parents.
- Parents understand family friendly language.

- IFSP training for parents is provided by some FRC/Ns
- Determine needs of families.
- Service Coordination Institutes provide IFSP training and DDS Liaisons provide technical assistance to regional centers on IFSP process.

Barriers:

- Most parents don't know what the IFSP process entails, nor do they understand the jargon, and they may not know they even had an IFSP meeting.
- Many parents are not aware of their rights.
- Vendors don't always receive copies of the IFSP and may not be invited to IFSP meetings.

Actions:

- Assist DDS in developing a Family IFSP booklet
- Recommend to DDS that parent rights be posted on DDS website
- Identify regional center service coordinators who efficiently facilitate smooth transitions for children and their families so procedures may be shared (Elaine).

VI. Discussion of ICC Schedule

No conflicts.

VII. Early Start Annual Report

p. 6, second paragraph—change “setting” to “settings.”

p. 25: Last bullet under PAC—lowercase “Newcomer Orientation Meeting” and make it plural (i.e., meetings).

VIII. Meeting adjourned